

State Form 52363 (8-05)
Child or Spouse of Certain Indiana National Guard Members
Supplemental Grant Program
Military Department of Indiana



Instructions

This state of Indiana program—the *CVO Program*—provides tuition and fee assistance at public colleges for eligible children and spouses of certain Indiana National Guard members killed while on state active duty. As a supplement to other state financial aid, the grant pays 100% of tuition and program related mandatory fees; it does not cover non-tuition fees such as room and board or books.

Students who might be covered under the establishing Indiana Code (IC 20-12-19.7) are:

- A child of a member of the Indiana National Guard who suffered a service connected death while serving on state active duty.
- A spouse of a member of the Indiana National Guard who suffered a service connected death while serving on state active duty.

The deceased Indiana National Guard member must have been killed in the line of duty while deployed in the active military (Army or Air Force) or while engaged in other state active duty as determined by the Military Department of Indiana under IC 10-16-7-7.

Some program restrictions apply, courses must be taken for credit, and financial assistance is limited to 124 credit hours. Children must be the biological or legally adopted dependent child of the covered member and spouses must have been married to the covered member at the time of death. Both children and spouses must be regularly admitted as in-state resident students to one of the public colleges listed on the reverse of this page and must maintain satisfactory academic progress (as defined by the college) while receiving the fee remission. Other restrictions might apply.

The completed application – last two pages of this form – and all necessary supporting documentation should be submitted to the Military Department of Indiana (MDI) at least 30 days before the start of the college term. Each child (and spouse) must submit a separate application and they must re-apply whenever they change schools. The approved application will be returned to the applicant. *The approved application must be presented to the financial aid office of the chosen college before the start of classes in order to receive the fee remission benefit.* If the application is not approved, the student will be so notified in writing. The application and supporting documentation must be mailed or delivered to the following address for consideration. Faxed documents will not be accepted.

Joint Forces Headquarters ATTN: Education Services Office 9301 East 59th Street Lawrence, Indiana 46216

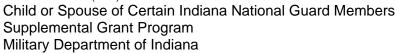
Voice: (317) 964-7023 Fax: (317) 964-7028 http://www.inarng.org/

Please keep a copy of the approved application for your records. To learn more about this program or state of Indiana financial aid for college students go to http://www.in.gov/ssaci/ or call (317) 232-2350.

Please also note that all students are **required** to file the *Free Application for Federal Student Aid* (FAFSA) each year at least two (2) weeks before they start college. This federal government form can be obtained on-line at fafsa.ed.gov or from a high school or college.



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Eligible Indiana Public Colleges for the CVO Program

Eligible indiana	Public Colleges for the CVO Program			
<u>Code</u>	<u>Name</u>			
001786	Ball State University			
001807	Indiana State University			
001808	University of Southern Indiana			
001843	Vincennes University			
Indiana University Campuses	<u>s</u>			
001809	Bloomington			
001811	East (Richmond)			
E01033	IUPUC (Columbus)			
001813	IUPUI (Indianapolis)			
001814	Kokomo			
001815	Northwest (Gary)			
001816	South Bend			
001817	Southeast (New Albany)			
Ivy Tech Community College	of Indiana Campuses			
035213	Bloomington			
010038	Columbus			
009925	Evansville/Tell City			
009926	Fort Wayne			
010040	Gary/Valparaiso/East Chicago/Michigan City			
009917	Indianapolis			
010041	Kokomo/Logansport/ Wabash			
010039	Lafayette/Crawfordsville			
009923	Madison/ Lawrenceburg/Batesville			
009924	Muncie/Anderson/Marion			
010037	Richmond/Connersville			
010109	Sellersburg			
008423	South Bend/Warsaw/Elkhart			
008547	Terre Haute/Greencastle			
Purdue University Campuses				
001827	Calumet			
001828	Fort Wayne (IPFW)			
001826	North Central			

001825

West Lafayette



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There are two pages (sides) to this application. Please complete both.

1.	Please check whether you are a child or spouse of the covered Indiana National Guard m
	ember. Check one box only.

Check	Status
	I am the child of a covered member
	I am the spouse of a covered member

Remarried spouses: The children of a remarried surviving spouse, or the spouse herself or himself, are still eligible to be considered for the CVO Program. If you are a child whose surviving parent has remarried or an eligible spouse who has remarried, please check here _____.

2. Please complete the following about yourself (the student applicant). Please print.

First Name Middl	e Initial Last Name	E-mail Address		
	/ /	()		
Social Security Number	Date of Birth (mm/dd/yyyy)	Telephone Number		
Street Address	City	State	Zip Code	
Please select from the list on the previous page the college you plan on attending next term				
College Name	College Code	Date of Expe	ected Enrollmen	

This section applies to children only.

3.	In order to be eligible, you must be the biological child of the covered Indiana National guard
	member or legally adopted by that covered member. If legally adopted, it must have been when
	you were less than 24 years of age; not married; had no dependents of your own; and not a
	veteran of the armed forces. Adoption by the spouse of a covered member is not valid for
	inclusion of a child in the CVO Program. Adoption must be in effect before application for the
	benefits is submitted.

Ple	ease write your initials in the appropriate space:
a)	I am the biological child of the covered member:
b)	I was legally adopted by the covered member. I have attached a copy of the legal documents indicating when and where I was adopted:
c)	I am not the biological child nor was I legally adopted as described above:



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There are two pages (sides) to this application. Please complete both.

4. Please complete the following about the **covered Indiana National Guard member** at the time of his or her death:

First Name	Middle Initial	Last Name	
	1 1	1 1	
Social Security Number	Date of Birth (mm/dd/yyyy)	Date of Death (mm/dd/yyy	
Street Address	City	State	Zip Code
	Above the Circumstances of the	e Member's Dea	·
Briefly Describe			·
Briefly Describe	Above the Circumstances of the		·

requirements and limits:

Your Signature	Today's Date

The application and supporting documentation should not be faxed but should be mailed or delivered to:

Joint Forces Headquarters ATTN: Education Services Office CVO Fee Remission Application 9301 East 59th Street Lawrence, Indiana 46216

Voice: (317) 964-7023 Fax: (317) 964-7028 http://www.inarng.org/

TO BE COMPLETED BY THE MILITARY DEPARTMENT OF INDIANA					
The member was on state active duty or deployed with the active military					
APPLICATION STATUS					
Ammassad.	Incomplete:		Denied:		
Approved:	Please	Please see attached explanation.		Please see attached explanation.	
Name		Signature		Date	